



Record of Student Internship Hours

Student Name: _____ Email Address: _____

Internship Start Date: _____ Internship End Date: _____

Unless otherwise agree upon, all hours must be completed within the semester.

Questions? Please contact: Juan Armijo (jarmijo@twu.edu)

Week #	Dates Worked	Total Hours Worked
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Supervisor's Signature

Date